## EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

	page applies to the following state	(s)						
Indicate Type of Filing				Department Use only				
? Filing Related to Certified Losses								
? Filing Related to Non-Certified Losses								
? Filing Applicable to Both Certified and Non-Certified Losses								
Company Name(s)				Domicile		NAIC#	FEIN#	
. ,								
Contact Info for Filer								
Name and address of Filer(s)			T	Telephone # FAX #		FAX#	e-mail	
Filing information								
Line of Insurance (see attachment)								
Company Program Title (Marketing								
title) (if applicable)								
Filing Type ** see note below								
This application is used with:  Effective Date Requested								
Filing date								
Company Tracking Number								
Date filing approved in domiciliary								
state, if applicable								
	<u>Component/Form Name</u> /Description/Synopsis	Form # or Rate Page Include edition date		Replacement Or withdrawn?		placement,	Previous State	
	/Description/Synopsis	include edition date	Oi w	illiurawii?	give form # or rate page(s) it replaces		Filing Number, if required	
					page	s(3) it replaces	by state	
01			[]Re	eplacement			.,	
			[]W	ithdrawn				
				either				
02				placement				
				ithdrawn either				
			[]10	Juiti	l			
To be complete, a filing must include the following:								
<ul> <li>A completed Expedited Filing Transmittal Document for each insurer or advisory organization.</li> </ul>								
• One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization								
authorization to file them on its behalf.								
A copy of the rates, rating systems and supporting documentation.								
The appropriate filing fees, if required								
<ul> <li>A postage-paid, self-addressed envelope large enough to accommodate the return.</li> </ul>								
The insurer(s) submitting this filing certifies that it:								
Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 and the laws of this state; and								
Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.								

Print Name:

Signature

Title: